

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 42124
10638

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>				c. LENGTH OF STAY (in this place) _____			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>				e. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> <u>2069</u>			
f. STREET ADDRESS <u>4918 Labadie Ave.</u>				g. (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Bertha</u>		b. (Middle) _____		c. (Last) <u>Crisp</u>	
4. DATE OF DEATH		(Month) <u>Dec.</u>		(Day) <u>11</u>		(Year) <u>1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Widowed</u>		8. DATE OF BIRTH <u>July 21, 1871</u>		9. AGE (In years, last birthday) <u>79</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>		11. BIRTHPLACE (State or foreign country) <u>Philadelphia, Penn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas C. Cox</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Guthrie</u>		14. NAME OF HUSBAND OR WIFE <u>Harry A. Crisp</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bertha Hassinger</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriolar Nephrosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial Damage, Generalized</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>?</u> <u>?</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H/H 2X</u>			
22. I hereby certify that I attended the deceased from <u>11-20</u> , 19 <u>50</u> , to <u>12-11</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-10</u> , 19 <u>50</u> , and that death occurred at <u>8:45A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>George H. Thorne, M.D.</u>		(Degree or title)		23b. ADDRESS <u>5535 Almond Blvd.</u>		23c. DATE SIGNED <u>12-13-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/14/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>DEC 13 1950</u>		REGISTRAR'S SIGNATURE <u>L. B. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>PROVOST UND. CO., 3710 N. Grand Bl.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 26 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me; or by _____

working under my personal supervision.

Student Embalmer No.

Signed

Albert Mayfield

Signed.....
Student Embalmer

Licensed Embalmer No. 3077

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.